

## Hanover Schools 188 Broadway Hanover, MA 02339

Student	Registration	Form
☐ Cedar Scho	ool 🗆 Mi	ddle School
☐ Center Sch	ool 🗆 Hi	gh School
☐ Sylvester S	chool	_

									Last News												
First Name								Middle Name							Last Name						
							Hanover, MA 02339														
	Stre	eet					Town State Zip						Home Cellular Telephone								
Original Birth Social Secur						,			Year of					_							
Certifi	cate		Number			Date of Entry		Graduation		ion		Date o	f Birth   P			lace of Birth					
Guardian check one	Bo	th D	aroni	s Moth		/lothe	ar .		Fathe	<u> </u>	,		uardia	ın	<b>S</b> +	tate Ward			Other indicate		
Student	Student Both Paren		arcin					Taute			Guardian		 	T State Wald			Other mulcate				
lives with →	Bot	Both Par		5	Mother		+	F	Father		uardi	dian		Other	er Please indicate						
-	ostricti	otriotions		Vas _ nl	S – please name cu		stodia	l naront	noront		No		lo	int Cu			tudent liv Yes	es	No		
Custody R	esuicu	OHS		1 63 – pr	ease n	ine cu	e custodiai parent			NO				Restra		Yes			No		
			Nar	ne of C	usto	dial F	Paren	ıt						Affi	fidavit Yes				No		
															7						
Father's Name					Work Place/Address					Telephone(s)					Occupation						
Mother's Name Work Place						ace/Address				Telephone(s)				Occupation							
	N	Number			Name(s) of Sik				ibling(s)						Birthdate(s)						
Family		o																			
History	Sib	Siblings use other side if necessity																			
	use oth			essary																	
Personal																					
Health	E	xcel	lent		Goo	d	Fair Poor			Chronic Ailments please list											
Special Needs Yes No If YES - List services received																					
	Free or Reduced Primary Language Lunch Program Yes No spoken at home																				
Lunch Pro	gram		Yes	No		sp	oken	at no	me												
Not			-					$\vdash$								Nati	VA		American		
Hispanic	panic Hispanic Male Female			Whi	te	Blac	Black Asia			sian	n Hawaiian d				Indian						
	or Latino Latino Ethnicity			G	Gender						Race				Othe	er Pacific	0	or Alaska			
35/145/																					
								<u> </u>													
State Assigned Student Identification Number [SASID] Prior School Name and Address																					
Yes No																					
	Previously enrolled in Hanover Schools If Yes, Name(s) of School(s) and Dates of Attendance																				
Claus = to															D-1						
Signature	)														Date						